ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS R & D NEWS

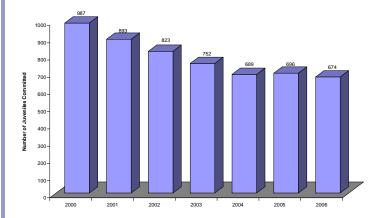
ADJC RESEARCH & DEVELOPMENT

Janet Napolitano, Governor

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Figure 1: ADJC NEW COMMITMENTS BY FISCAL YEAR



CURRENT ADJC RESEARCH

Stella Vasquez, Michael Jones and John Vivian, (September 2006), Secure Population Projections The ADJC institutional population is projected to increase from a total of 610 on July 31, 2006 to an average of 621 in fiscal year (FY) 2007. During the first 12 months of the forecast period, the projection assumes ADJC admissions will decline by 3% from FY 2006. Thereafter, admissions are assumed to increase proportionately with the projected increase in Arizona's at-risk population. The projection assumes no changes in rates observed during 2006 for the following three key factors: the relative proportion of ADJC admissions given court-ordered minimum sentences, the actual lengths of stay served by ADJC new commitments, and the number of juveniles returned each month as parole violators. Also, the proportion of parole violators who are returned for hearings and then revoked are assumed to remain at the same level throughout the forecast period. As shown in Figure 1, ADJC new commitments declined through 2004, and have leveled-off since

then. In FY 2004, for example, 689 juveniles were admitted as new commitments. Meanwhile, in FY 2006, there 674 new commitments - only 15 fewer than were committed in FY 2004.

Kim de Beus and John Vivian, (June 2006), Employee Satisfaction Survey Results

Employees from throughout ADJC were invited to participate in an Employee Satisfaction Survey. Overall, ADJC employees expressed greater satisfaction in 2006 than they did in 2005. More specifically, ADJC employees expressed different levels of satisfaction with different subjects, and based on their expressed level of satisfaction, subjects were rank ordered from most to least satisfied. ADJC employees were most satisfied with ADJC Teamwork and least satisfied with Juvenile Treatment. Almost all (85%) ADJC staff felt that teamwork was an important way to get work done within the agency or (87%) felt that they got along well with co-workers. Three-guarters (75%) felt that their co-workers respect their work and abilities or felt that they could get help from coworkers if needed. While Juvenile Treatment garnered the least satisfaction, this scale saw the greatest improvement in overall employee satisfaction. Specifically, an average of 16% of employees expressed satisfaction with Juvenile *Treatment* in 2005 and 34% expressed satisfaction for Juvenile Treatment in 2006. R&D conducted its third annual Employee Satisfaction Survey (ESS) in April of 2006. We received responses from 715 staff or 66% of the total ADJC employee community. The survey questionnaire contained 64 questions representing eight employee satisfaction scales.

JUVENILE JUSTICE TRIVIA

What is the most common type of offense that results in juveniles being committed to ADJC?

JUVENILE JUSTICE LITERATURE REVIEW Latessa, E.J. (2006). Effectiveness of Cognitive Behavioral Interventions for Youthful Offenders - Review of the Research. In Civic Research Institute, *Cognitive Behavioral Interventions for At-Risk Youth*.

Cognitive behavioral therapy (CBT) programs ultimately seek to change the content of delinquents' thoughts, the process by which they think, and the actions they take. Most CBT programs operate from one of two models: cognitive restructuring or cognitive behavioral skills development. Cognitive restructuring assists delinguents in understanding the thoughts, beliefs, and values that lead to criminal behavior, while cognitive behavioral skills development attempts to increase pro-social skills and behaviors. Over the past decade, many meta-analyses have found that CBT interventions are among the most effective methods to reduce recidivism and when combined with the principles of effective intervention, provide the corrections community with the most effective combination of treatment to reduce juvenile delinquency. There are five reasons why CBT interventions are effective for youthful offenders. The first is that cognitive behavioral interventions address criminogenic needs, which refers to the characteristics of delinquents that are most correlated with criminal behavior. Second, CBT interventions are shorter in duration than many other therapies, which is important for treatment provided in juvenile correctional settings. Third, CBT interventions can be delivered in either a community-based or institutional setting. Fourth, CBT interventions can be used in both group and individual settings, which is essential to maximizing resources. Finally, CBT interventions focus on the current issues in the individual's life versus past experiences and events by attributing the current problems in functioning to how the person has learned to interpret their environment.

National Institute on Drug Abuse, (July 2006), Principles of Drug Abuse Treatment for Criminal Justice Populations.

Many offenders entering the juvenile justice system have drug abuse problems. This paper identifies thirteen principles that research has indicated work

to reduce substance abuse among individuals involved in the criminal/juvenile justice system. The first principle is that drug addiction is a brain disease, and has well recognized cognitive, behavioral and physiological characteristics. Second, recovery from drug addiction requires effective treatment, followed by management of the problem over time. Third, treatment must last long enough to produce stable, behavioral changes. Next, assessment is the first step in treatment. Fifth, tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations. Sixth, drug use during treatment should be carefully monitored. Next, treatment should target factors that are associated with criminal behavior. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware correctional supervision requirements. Ninth, continuity of care is essential for drug abusers reentering the community. Tenth, a balance of rewards and sanctions encourages prosocial behavior and treatment participation. offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach. Also, medications are an important part of treatment for many drug abusing offenders. Last, treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.

JUVENILE JUSTICE TRIVIA ANSWER

In Fiscal Year 2006, almost half (42%) were committed for property offenses. The next largest category was Crimes Against Persons (21%) followed by Drugs (19%), Public Order (14%) and Other (4%).

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